



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey Board of Nursing

124 Halsey Street, 6th Floor, P.O. Box 45010

Newark, New Jersey 07101

(973) 504-6430

www.njconsumeraffairs.gov/medical/nursing.htm

INFORMATION REGARDING NURSE LICENSURE BY EXAMINATION

Enclosed is an Application Packet for Licensure by Examination. Read all of the directions carefully and make sure that you have checked the type of nursing license for which you wish to apply. Mail the completed official New Jersey Board of Nursing Application for Licensure by Examination with a fee of **\$195.00** (\$120.00 license fee and \$75.00 application fee) and the Certification and Authorization Form for a Criminal History Background Check to the New Jersey Board of Nursing at the above mailing address.

THERE ARE THREE (3) ELEMENTS THAT ARE REQUIRED FOR LICENSURE AS A NURSE IN NEW JERSEY:

1. Graduation from an approved school for professional nursing or practical nursing;
2. Criminal History Background Check clearance; and
3. Passing the appropriate NCLEX licensing examination.

PLEASE SUBMIT THE FOLLOWING TO THE NEW JERSEY BOARD OF NURSING:

- The Official Application for Licensure by Examination;
- One (2" X 2") passport-type photograph;
- The total fee of \$195.00 made payable to the New Jersey Board of Nursing (a money order or personal check is acceptable); and
- The Certification and Authorization form.

THE NURSING PROGRAM MUST SUBMIT THE FOLLOWING TO THE NEW JERSEY BOARD OF NURSING.

- An **Official Letter of Program Completion** must be sent directly to the Board of Nursing office from the approved school. It must be signed by the program chair and must be sealed with the official school seal **before** you may sit for NCLEX.

NCLEX (NATIONAL COUNCIL OF STATE BOARDS OF NURSING) EXAMINATIONS

There are three (3) ways to register to take the NCLEX examination (choose one):

- Visit the Candidate Web Site: www.pearsonvue.com/nclex
- Call toll-free in the United States (866) 496-2539 By mail: If you decide to mail in your application to register for NCLEX, submit your completed application along with the \$200.00 testing fee. Mail both in the envelope provided in the NCLEX Examination Bulletin.

CRIMINAL HISTORY BACKGROUND CHECK

When the Board receives the Certification and Authorization Form for a Criminal History Background Check, you will then receive instructions regarding the fingerprinting process. You will be eligible to sit for the appropriate NCLEX licensing examination. However, you will not be permitted to work or be licensed as a nurse in the State of New Jersey until the Criminal History Background Check has been completed and the results have been received by the Board of Nursing. **If the Criminal History Background Check reveals a criminal conviction, a review of your application by the Board of Nursing will be required.**

FOR FURTHER INFORMATION:

- The National Council of State Boards of Nursing's NCLEX information & Candidate Bulletin at www.ncsbn.org
- Questions regarding your application: Ms. Gregoria Marrero at gregoria.marrero@lps.state.nj.us phone number (973) 504-6506 or Mrs. Felipa Ventura at felipa.ventura@lps.state.nj.us phone number (973) 273-8032.

Attach a clear, full-face passport-style photograph (2"x 2") of your head and shoulders, taken within the past six months.

A photo is required with each application.

Do not use staples to attach the photo.



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Official Application for Nurse Licensure by Examination - U.S. Graduates

Please check the license for which you are applying:

☐ Registered Professional Nurse ☐ Licensed Practical Nurse

Are you re-testing? ☐ Yes ☐ No

Date: _____

Please enclose an examination application filing fee of \$75.00 and a license certificate fee of \$120.00 (for a total of \$195.00) in the form of a check or money order made out to the State of New Jersey. (Applicants should understand that if the fees are paid with a personal check, and the check is returned by the bank due to insufficient funds, the next step in the licensure or certification process will be delayed until the fees are paid.). In addition to the application fee, the applicant must submit a certified check or money order in the amount of \$200 along with the test application to the testing company NCS Pearson/Vue. (The envelope with the application is included within the Examination Candidate Bulletin).

The Board maintains, as part of its responsibilities, a record of your home address, business address and mailing address. You may choose which of these addresses will be considered as your "address of record." If you do not indicate (by putting a check in the appropriate box) which address should be used as your address of record, your mailing address will be considered to be your address of record. A post office box may be used as your address of record, but only if you provide another address which includes a street, city, state and ZIP code.

Information that you provide on this application may be subject to public disclosure as required by the Open Public Records Act (OPRA).

Please print clearly. You must answer all of the questions on this application.

Personal Information

Date of birth: _____
Month Day Year

Place of birth: _____
City State

1. Name ☐ Mr. ☐ Mrs. ☐ Ms. _____
Last name First name Middle initial Maiden name

2. Address

☐ Home: _____
Street or P.O. Box City State ZIP code County

Telephone number (include area code) E-mail address

☐ Business: _____
Name of company Telephone number (include area code)

Street City State ZIP code County

☐ Mailing: _____
Street or P.O. Box City State ZIP code County

Reasonable Testing Accommodations for Individuals with Disabilities. (Check if applicable)

☐ I have been diagnosed as having a disability and require special testing accommodations. Please send the Request for Reasonable Testing Accommodations Form. I understand that I will not be able to test until I submit the appropriate documentation and am approved to test with accommodations.

3. Social Security Number

You **must** provide your Social Security number to the Board or Committee. Failure to do so will result in denial/nonrenewal of licensure or certification.

*Social Security Number: _____ - _____ - _____

*Pursuant to N.J.S.A. 54:50-24 et seq. of the New Jersey taxation law, N.J.S.A. 2A:17-56.44e of the New Jersey Child Support Enforcement Law, Section 1128E(b)(2)A of the Social Security Act and 45 C.F.R. 60.7, 60.8 and 60.9, the Board or Committee is required to obtain your Social Security number. Pursuant to these authorities, the Board or Committee is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law and updating and correcting tax records;
- b. the Probation Division or any other agency responsible for child support enforcement, upon request; and
- c. the National Practitioner Data Bank and the H.I.P. Data Bank, when reporting adverse actions relating to health care professionals.

4. Citizenship / Immigration Status

Federal law limits the issuance or renewal of professional or occupational licenses or certificates to U.S. citizens or qualified aliens. To comply with this federal law, check the appropriate box below which indicates your citizenship/immigration status. If you are not a U.S. citizen, attach a copy of your alien registration card (front and back) or other documentation issued by the office of U.S. Citizenship and Immigration Services (USCIS).

- ☐ U.S. citizen
- ☐ Alien lawfully admitted for permanent residence in U.S.
- ☐ Other immigration status

Questions about your immigration status and whether or not it is a qualifying status under federal law should be directed to the USCIS at: 1-800-375-5283.

5. Student Loan

Are you in default in regard to any student loan obligation(s)? ☐ Yes ☐ No

If "Yes," you must obtain documentary evidence that you have reached an arrangement with the bank or with the entity that issued your student loan, for the eventual payment of the loan. You will not be able to obtain a license or certificate unless you provide the required documents concerning the plan for payment of your student loan.

6. Child Support

Please certify, under penalty of perjury, the following:

- a. Do you currently have a child-support obligation? ☐ Yes ☐ No
 - (1) If "Yes," are you in arrears in payment of said obligation? ☐ Yes ☐ No
 - (2) If "Yes," does the arrearage match or exceed the total amount payable for the past six months? ☐ Yes ☐ No
- b. Have you failed to provide any court-ordered health insurance coverage during the past six months? ☐ Yes ☐ No
- c. Have you failed to respond to a subpoena relating to either a paternity or child-support proceeding? ☐ Yes ☐ No
- d. Are you the subject of a child-support-related arrest warrant? ☐ Yes ☐ No

In accordance with N.J.S.A. 2A:17-56.44d, an answer of "Yes" to any of the questions a(1) through d will result in a denial of licensure or certification. Furthermore, any false certification of the above may subject you to a penalty, including, but not limited to, immediate revocation or suspension of licensure or certification.

Applicant's name (please print)

Applicant's signature

Date

7. Medical Conditions Questions

Questions a through f pertain to medical conditions and use of chemical substances. Please read the definitions carefully. Your responses will be treated confidentially and retained separately. Please be aware that you have the right to elect not to answer those portions of the following questions which inquire as to the illegal use of controlled dangerous substances or activity if you have reasonable cause to believe that answering may expose you to the possibility of criminal prosecution. In that event, you may assert the Fifth Amendment privilege against self-incrimination. Any claim of Fifth Amendment privilege must be made in good faith. If you choose to assert the Fifth Amendment, you must do so in writing. You must fully respond to all other questions on the application. Your application for licensure or certification will be processed if you claim the Fifth Amendment privilege against self-incrimination. You should be aware, however, that you may later be directed by the Attorney General to answer a question that you have refused to answer on the basis of the Fifth Amendment, provided that the Attorney General first grants you immunity afforded by statutory law. (N.J.S.A. 45:1-20.)

For the purposes of these questions, the following phrases or words have the following meanings:

“Ability to practice as a nurse” is to be construed to include all of the following:

- The cognitive capacity to exercise the reasonable judgments of a nurse, and to learn and keep abreast of professional developments; and
- The ability to communicate those judgments and related information to patients and other interested parties, with or without the use of aids or devices, such as voice amplifiers; and
- The physical capability to perform the duties of a nurse, with or without the use of aids or devices, such as corrective lenses or hearing aids.

“Medical Condition” includes physiological, mental or psychological conditions or disorders, such as, but not limited to orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, H.I.V. disease, tuberculosis, drug addiction and alcoholism.

“Chemical substance” is to be construed to include alcohol, drugs or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.

“Currently” does not mean on the day of, or even in the weeks or months preceding the completion of this application. Rather, it means recently enough so that the use of drugs may have an ongoing impact on one’s functioning as a licensee, or within the previous two years.

“Illegal use of controlled dangerous substance” means the use of a controlled dangerous substance obtained illegally (e.g. heroin or cocaine) as well as the use of controlled dangerous substances which are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

- Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program**? ☐ Yes ☐ No ☐ Not applicable
- Are the limitations or impairments caused by your medical condition reduced or ameliorated because of the field of practice, the setting or manner in which you have chosen to practice? ☐ Yes ☐ No ☐ Not applicable
- Does your use of chemical substance(s) in any way impair or limit your ability to practice your profession with reasonable skill and safety? ☐ Yes ☐ No ☐ Not applicable
- Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism or voyeurism?
☐ Yes ☐ No
- Are you currently engaged in the illegal use of controlled dangerous substances? (Recall that “currently” is defined as “within the last two years.”) ☐ Yes ☐ No

If you answered “Yes” to question f, are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? ☐ Yes ☐ No

** If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license or certificate should be issued, whether conditions should be imposed or whether you are not eligible for licensure or certification.

8. Have you ever changed your name? ☐ Yes ☐ No

If “Yes,” please submit with this application a copy of the marriage certificate, divorce decree or court order.

9. Do you currently hold, or have you ever held, a professional license or certificate of **any** kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If “Yes,” for each license or certificate held, provide the date(s) held and the number(s). If the license or certificate was issued under a different name, please provide that name.

	Last name	First name	Middle initial
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired
_____	_____	_____	_____
Type of license or certificate	Number	State or jurisdiction that issued the license or certificate	Date issued/expired

10. Have you ever been disciplined or denied a professional license or certificate of any kind in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

11. Have you ever had a professional license or certificate of any type suspended, revoked or surrendered in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

12. Has any action (including the assessment of fines or other penalties) ever been taken against your professional practice by any agency or certification board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

13. Have you ever been named as a defendant in any litigation related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

14. Have you ever been summoned; arrested; taken into custody; indicted; tried; charged with; admitted into pre-trial intervention (P.T.I.); or pled guilty to any violation of law, ordinance, felony, misdemeanor or disorderly persons offense, in New Jersey, any other state, the District of Columbia or in any other jurisdiction? (Parking or speeding violations need not be disclosed, but motor vehicle violations such as driving while impaired or intoxicated must be.) ☐ Yes ☐ No

15. Have you ever been convicted of any crime or offense under any circumstances? This includes, but is not limited to, a plea of guilty, non vult, nolo contendere, no contest, or a finding of guilt by a judge or jury. ☐ Yes ☐ No

If “Yes,” provide a copy of the judgment of conviction and the release from parole or probation. Please provide a complete explanation. (Attach additional sheets of paper to this application.)

16. Are you aware of any investigation pending against a professional license or certificate issued to you by a professional board in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

17. Are there any criminal charges now pending against you in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

18. Have you ever been sanctioned by or is any action pending before any employer, association, society, or other professional group related to the practice of nursing or other professional practice in New Jersey, any other state, the District of Columbia or in any other jurisdiction? ☐ Yes ☐ No

If the answer to any of the above questions, numbers 10 through 18, is “Yes,” provide a complete explanation of the circumstances leading to the action, and any supporting documentation, on separate sheets of paper.

Education

In the spaces below, give an accurate record of your educational preparation. Be sure to complete items A-D for each school. Use additional sheets of paper if necessary.

A. Name of schools attended and locations	B. Number of Years Attended	C. Attendance		D. Title of diploma or degree obtained*
		Entrance date	Leaving date	
High School or Primary School <div> <div>Name of school</div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>City</div> <div>State/Country</div> </div>		<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	Check appropriate type: <input type="checkbox"/> Graduate diploma <input type="checkbox"/> Graduate equivalency diploma
Postsecondary School(s) including basic nursing education programs <div> <div>Name of school</div> <div>Program major</div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>Program major</div> <div>City</div> <div>State/Country</div> </div> <div> <div>Name of school</div> <div>Program major</div> <div>City</div> <div>State/Country</div> </div>		<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<div> <div>Month</div> <div>Year</div> </div> <div> <div>Month</div> <div>Year</div> </div>	<p>* Note: If your professional school was located outside the U.S., and you have a copy of your degree/diploma in the original language, attach a copy to this form.</p>

The nursing program is required to send a letter, stamped with the official school seal, which indicates that the applicant has met all of the requirements for graduation. As an alternative, the nursing program's administrators may send an official school transcript stamped with the official school seal.

AFFIDAVIT

This affidavit is to be executed by the applicant before a notary public:

State of: _____

County of: _____

} ss.

I, _____, in making this application to the New Jersey Board of Nursing for licensure or certification under the provisions of Title 45 of the General Statutes of New Jersey and the Rules of the New Jersey Board of Nursing, swear (or affirm) that I am the applicant and that all information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny licensure or certification or to withhold renewal of or suspend or revoke a license or certificate issued by the Board.

I further swear (or affirm) that I have read N.J.S.A. 45:11-23 et seq., together with the Rules and Regulations of the New Jersey Board of Nursing, N.J.A.C. 13:37-1 et seq., and fully understand that in receiving licensure or certification from the Board, I bind myself to be governed by them.

Furthermore, I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for licensure or certification. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board.

Signature of applicant

Sworn and subscribed to before me this _____

day of _____, _____
Month Year

Name of Notary Public (please print)

Signature of Notary Public

Affix Seal Here

Official Use Only <input type="checkbox"/> Dual License License Type 1 <hr/> Applicant's Number <hr/> License Type 2 <hr/> Applicant's Number <hr/>

CERTIFICATION

I, _____, in making this application to the Board or Committee for certification or licensure, certify that I am the applicant and that all of the information provided in connection with this application is true to the best of my knowledge and belief. I understand that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient to deny certification or licensure or to withhold renewal of or suspend or revoke a certificate or license issued by the Board or Committee.

I voluntarily consent to a thorough investigation of my present and past employment and other activities for the purpose of verifying my qualifications for certification or licensure. I further authorize all institutions, employers, agencies and all governmental agencies and instrumentalities (local, state, federal or foreign) to release any information, files or records requested by the Board or Committee.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature of applicant

Date